UN	ITED STATES BANKRUF DISTRICT O		
-		VISION	
IN RE: Rita Amm	Rose	CASE NUMBER: 15-7	1513 MG
1, 10,	}]	UDGE	
DEBTOR.	}	CHAPTER 11	
(Called Annual Called Annual C			
DEBTO	R'S MONTALY OPERATING REF FOR THE PERIOD TO	PORT (INDIVIDUAL) NO 130, 201/	7
Comes now the above-named de	btor and files its Monthly Operating Rostee and FRBP 2015.	eport in accordance with the Guideline	s
Dated: 12/15/17		Slomka Attorney for Debtor	ner.
Debtor's Address and Phone Number:	12 CL 24 30338	Attorney's Address and Phone Number: Slipakoff - Slov 2859 faces ferry Atlanta, GA 30339	nka, PC Rd, SE, Ste 1700

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website, http://www.usdoi.gov/ust/r21/reg_info.htm.

- Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report I)
- 2) 3) Initial Filing Requirements
- Frequently Asked Questions (FAQs)

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SUNTRUST BANK PO BOX 305183 NASHVILLE TN 37230-5183



Page 1 of 3 63/E00/0175/0/11 24828 11/30/2017 0000

Account Statement

RITA ROSE DIP CASE #1571563 1217 VILLAGE TERRACE CT DUNWOODY GA 30338-2318 Questions? Please call 1-800-786-8787

Financial confidence gives you all kinds of confidence. Join the movement at onUp.com. Confidence Starts Here.

Account	Account Type	Accour	nt Number	Statement Period
Summary	ESSENTIAL CHECKING	4828		11/01/2017 - 11/30/2017
•	Description Beginning Balance Deposits/Credits Checks Withdrawals/Debits Ending Balance	Amount \$1,396.30 \$3,200.00 \$3,814.43 \$15.00 \$766.87	Description Average Balance Average Collected Balance Number of Days in Statement Period	Amount \$1,723.88 \$1,723.88 30

Overdraft Protection **Account Number** 1000191004828

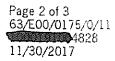
Protected By

For more information about SunTrust's Overdraft Services, visit www.suntrust.com/overdraft.

Transa	ction History	1			
Date	Check #	Transaction Description Details	Deposits/ Credits	Withdrawals/ Debits	Current Balance
11/01		Beginning Balance			1,396.30
11/01	1339	Check		159.95	1,236.35
11/02	1340	Check		58,50	1,177.85
11/03		Check Card Purchase TR DATE 11/01 The Hub Wash Atlanta Ga		12.00	1,165.85
11/06		Deposit	700,00		
11/06		Deposit	850.00		2,715.85
11/08	1345	Check	11.5	21.01	2,694.84
11/09	1350	Check		753.31	
11/09	1348	Check		33.87	
11/09	1347	Check		39.82	1,867.84
11/10	1346	Check		107,31	1,760.53
11/13	1349	Check		490.16	
11/13	1343	Check		34,85	
11/13	*1342	Check		42.53	1,192.99
11/15		Electronic/ACH Credit SSA Treas 310 Xxsoc Sec *****7891A SSA	1,650.00		2,842.99
11/20	1351	Check		170.54	2,672.45
11/21	1352	Check		1,458.00	1,214.45
11/29	1344	Check		444.58	769.87
11/30		Paper Statement Fee		3.00	766.87
11/30		Ending Balance			766.87

Case 15-71563-mgd Doc 102 Filed 12/19/17 Entered 12/19/17 13:45:27 Desc Main Document Page 3 of 17

SUNTRUST BANK PO BOX 305183 NASHVILLE TN 37230-5183





Account Statement

Transa	action History					
Date	Check #	Transaction Description Details	,	Deposits/ Credits	Withdrawals/ Debits	Current Balance
		Credit and Debit Totals		\$3,200.00	\$8,829.43	

Indicates break in check number sequence. Check may have been processed electronically and listed as an Electronic/ACH transaction.

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.

For more information, including details related to fees and balances, please sign on to Online Banking.

and the state of t	Total for this period	Total for year-to-date
Total Overdraft Fees	\$0.00	\$108.00
Total Returned Item Fees	\$0.00	\$0.00
Fotal Overdraft Fee Refunds	\$0.00	\$36.00

Balance Activity	Date	Balance	Collected Balance	Date	Balance	Collected Balance
History	11/01	1,236.35	1,236,35	11/13	1.192.99	1,192,99
instory	11/02	1.177.85	1.177.85	11/15	2.842.99	2,842,99
	11/03	1,165,85	1,165,85	11/20	2.672.45	2,672,45
	11/06	2.715.85	2,715.85	11/21	1.214.45	1,214,45
	11/08	2,694.84	2.694.84	11/29	769.87	769.87
	11/09	1.867.84	1.867.84	11/30	766.87	766.87
	11/10	1.760.53	1,760.53			, , , , ,

Member FDIC

Case 15-71563-mgd Doc 102 Filed 12/19/17 Entered 12/19/17 13:45:27 Desc Main Document Page 4 of 17

SUNTRUST BANK PO BOX 305183 NASHVILLE TN 37230-5183



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Account Statement

To change your address, please call 1-800	-SUNTRUST (1-800-786-8787). Busine	ss clients call 1-800-752-2	515
Complete this section to balance this state			·
Month Ye	ar		
Bank Balance Shown on statement	\$	Your Transaction Register Balance	\$
Add (+) Deposits not shown on this statement (if any).		Add (+) Other credits shown on this statement but not in transaction register.	\$
Subtract (-) Checks and other items outstanding but no	ot paid on this statement (if any).	Add (+)	\$
	\$	accounts only). Total (+)	balancing interest-bearing \$
		but not in t	s shown on this statement ransaction register.
		Service Fees (if any)	\$
		,	
Total (-) Balance	\$ \$	Total (-) Balance	\$
These balances show			Y

In Case Of Errors Or Questions About Your Electronic Transfers (ETF)
Telephone us at 800.447.8994, Option 1 or write us at SunTrust Bank, Attention: Fraud Assistance Center, P.O. Box 4418, Mail Code GA-MT-0413, Atlanta, GA 30302 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no fater than transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. (3) Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error so that you will nave the use of the motey during the time it takes us to complete our investigation.

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

Case Name:	1 THE ROOM & COLUMN 1 S. 7 S. 10	7
Case Number:		
Note: The information requested below is a summery of the information reported the va	zinus Schodulos and Atlant	•å
	Menth	Comulative
	JANN _	Total
CACIT Dealerter of the control of th	1	₽
CASH- Beginning of Month (Household)	1396	
CACYT Parker In the Care of th		
CASH-Beginning of Month (Business)	<u> </u>	
2	7)0000	
Total Household Receipts	201	/
Total Business Receipts		
Total Receipts		
	أحسب ساخة المنسانية	
Total Household Dishursements	2019 H	}
Loral Monseword District 2000000	52257	
Total Business Disburgements		
Total Districts Dispus scincing		
Total Disbursements		
A COURT OF THE COU		

·		
NET CASH FLOW (Total Receipts minus Total Disbursements)		
		*** * * * ****************************

CASH-End of Month (Individual)	8/	•
CASH- Ent of Month (Individual)	114	······································
CASH- End of Month (Business)		e e e e
ASA- End of Monen (Business)	12.1 Mary 1 - Strings - Language - Strings - S	78-7-4-11: Salah 200-12:
CALCULATION OF DISBURSEMENTS FOR UNITED STA	TES TRUSTEE OU	ARTERI V ERRE
OTAL DISBURSEMENTS (From Above)	<u></u>	THE STATE OF THE S
Less: Any Amounts Transferred or Paid from the Business Account to the		
iouschold Account (i.e., Salary Paid to Debtor or Owner's Draw)		
ISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		
declare under penalty of perjury that this statement and the accompanying doct	inschia end reports are t	rue and correct to the best of
toy knowledge and helter		
This		
	Debtor's Signature	
· ·	•	

9:59 AM 12/10/17

Rita Rose Reconciliation Summary Rita Rose, Period Ending 11/30/2017

	Nov 30, 17	
Beginning Balance Cleared Transactions	1	,396.30
Checks and Payments - 15 items Deposits and Credits - 3 items	-3,829.43 3,200.00	
Total Cleared Transactions	-629.43	
Cleared Balance		766.87
Uncleared Transactions Checks and Payments - 12 items Deposits and Credits - 6 items	-2,434.01 1,944.58	
Total Uncleared Transactions	-489.43	
Register Balance as of 11/30/2017		277.44
New Transactions Checks and Payments - 3 iterns	-102.63	
Total New Transactions	-102.63	
Ending Balance		174.81

10:11 AM 12/14/17 Accrual Basis

Rita Rose Balance Sheet As of November 30, 2017

	Nov 30, 17
ASSETS Current Assets Checking/Savings	***************************************
Rita Rose	-444.62
Total Checking/Savings	-444.62
Total Current Assets	-444.62
TOTAL ASSETS	-444.62
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	
Accounts Payable	1,614.08
Total Accounts Payable	1,614.08
Other Current Liabilities Mortgage	-26,553.50
Total Other Current Liabilities	-26,553.50
Total Current Liabilities	-24,939.42
Total Liabilities	-24,939.42
Equity	
Opening Balance Equity	100.00
Retained Earnings	12,655.32
Net Income	11,739.48
Total Equity	24,494.80
TOTAL LIABILITIES & EQUITY	-444.62

10:09 AM 12/14/17 Accrual Basis

Rita Rose Profit & Loss November 2017

	Nov 17
Ordinary Income/Expense Income	
Rental Income	1,550.00
Total Income	1,550.00
Gross Profit	1,550.00
Expense	
Automobile Expense	24.00
Bank Service Charges	3.00
Computer and Internet Expenses	351.64
Insurance Expense	444.58
Medical Expense	87.95
miscellaneous exp	195.00
Utilities	562.72
Total Expense	1,668.89
Net Ordinary Income	-118.89
Other Income/Expense	
Other Income	4 660 00
Socal Security	1,650.00
Total Other Income	1,650.00
Net Other Income	1,650.00
Net Income	1,531.11

SCHEDULE OF HOUSEHOLD CASH RECEIPTS AND CASH DISBURSEMENTS

	Month	Cumulative Total
CASH - Beginning of Month	<u> </u>	
	فالأفدار أوابية إليان ومستف ومسترة التزارة إنها أوا المانة المناطقة	
CASH RECEIPTS		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		······································
Interest or Dividend Income		
Alimony or Child Support	**************************************	
Social Security/Pension/Retirement	1/1000	
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)	155/2	
)		
TOTAL RECEIPTS	< 2700 000	
THE RESIDENCE OF THE PROPERTY	an and a section of the section of t	The property of
CASH DISBURSEMENTS	AMERICAN PROPERTY OF STREET	<u> </u>
Alimony or Child Support Payments		
Charitable Contributions		
Gifts		
Household Expenses/Food/Clothing		
Household Repairs & Maintenance	سے ،	ļ
Insurance	44450	
IRA Contribution		
Lease/Rent Payments	95-	
Medical/Dental Payments	87	
Mortgage Payment(s)		
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)	5625	
Vehicle Expenses	24	
Vehicle Secured Payment(s)	·	
U. S. Trustee Quarterly Fees		
Professional Fees (Legal, Accounting)		<u> </u>
Other (attach schedule)	3/4	
Capput !		
	1950	
	*	
Total Household Disbursements		
CASH - End of Month (Must equal reconciled bank statement- Attachment No. 2)		

12/14/17 Accrual Basis

10:08 AM

Rita Rose Profit & Loss Detail November 2017

	Bill		ᇤ		Bii				Check		Check Check	Gros	-4		Deposit Deposit	Ordinar İr) :
Total misc	miscellaneous exp 11/2	Total Med	wedicai Expense 11 11	Total Insu	Insurance Expense	Total Com	Computer	Total Bank		Total Auto	77	Gross Profit	Total Income	Total Rental Income	Sit	Urdinary income/Expense income Rental income	Туре
Total miscellaneous exp	eous exp 11/21/2017	Total Medical Expense	xpense 11/10/2017 11/21/2017	Total Insurance Expense	Expense 11/21/2017	Total Computer and Internet Expenses	Computer and internet Expenses 11/03/2017 027 11/21/2017 027	Total Bank Service Charges	Bank Service Charges 11/30/2017	Total Automobile Expense	pense Automobile Expense 11/03/2017 11/10/2017			al Income	11/02/2017 11/02/2017	cpense come	Date
	4072		1553 524751		2816	expenses	0274 0274				Debit debit				dep dep		Num
	Wells Fargo Card S		Georgia Surgical Pr Thomas Eye Group		Emcompass Home		Comcast Comcast				Hub Carwash Hub Carwash				Rita Rose Rita Rose		Name
									Service Charge						winters chap norton nov 2		Memo
	~		<i>ב</i> ל בו		P		હ હ		י ד		या या				מבר ות		앝
	Accounts Pay		Accounts Pay Accounts Pay		Accounts Pay		Accounts Pay Accounts Pay		Rita Rose		Rita Rose Rita Rose		I	1	Rita Rose Rita Rose		Split
195.00	195.00	87.95	32.56 55.39	444.58	444.58	351.64	170.54 181.10	3,00	3.00	24.00	12.00 12.00	1,550.00	1,550.00	1,550.00	700.00 850.00		Amount
195.00	195.00	87.95	32,56 87.95	444.58	444.58	351.64	170.54 351.64	3.00	3.00	24.00	12.00 24.00	1,550.00	1,550.00	1,550.00	700.00 1,550.00		Balance

Accrual	LIBITE
Basis	

10:08 AM

Rita Rose Profit & Loss Detail November 2017

	1,531.11	1,531.11							Net income
	1,650.00	1,650,00							Net Other Income
	1,650.00	1,650.00							Total Other Income
	1,650.00	1,650.00						Ÿ	Total Socal Security
	1,650.00	1,650.00	Rita Rose		Deposit	Rita Rose	dep	11/15/2017	Other Income/Expense Other Income Socal Security Deposit
	-118.89	-118.89							Net Ordinary Income
	1,668.89	1,668.89			·				Total Expense
/	562.72	562.72			. •				Total Utilities
	562.72	49.85	Accounts Pay		,	Dekalb County Rem	4028	11/21/2017	Bill
	512.87	72.89	Accounts Pay			True Natural Gas	6860	11/21/2017	03
	439.98	49.53	Accounts Pay			True Natural Gas 4	7685	11/21/2017	Bill
	390.45	164.61	Accounts Pay		-	Comcast 1111	0027	11/21/2017	Bill
	225.84	72.47	Accounts Pay			Florida Power	6841	11/21/2017	
	153.37	79.68	Accounts Pay		-	Georgia Power	2308	11/21/2017	! ==
	73.69	33.87	Accounts Pay			True Natural Gas 4	6001	11/02/2017	! BS
	39.82	39.82	Accounts Pay			True Natural Gas	6001	11/02/2017	Bill
									Utilities
	Balance	Amount	Split	CIT	Memo	Name	Num	Date	Туре

SCHEDULE OF BUSINESS CASH RECEIPTS AND CASH DISBURSEMENTS

	Month	Cumulative Total
CASH - Beginning of Month		
	adir ada di	
BUSINESS CASH RECEIPTS		
Cash Sales		
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this report)		
Rental Income		
Sale of Business Assets (attach list to this report)		-
Other (specify) (attach list to this report)		
	· · · · · · · · · · · · · · · · · · ·	
Total Business Receipts		
	A. H. J. J. M. S. H. S. H. S. H. S. H. S. J.	
BUSINESS CASH DISBURSEMENTS		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (o.g., transfer to Household		
Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)	· · · · · · · · · · · · · · · · · · ·	
Inventory Purchases		<u> </u>
Secured/Lease Payments (Business)		
Utilities (Business)		
Insurance		
Vehicle Expenses	<u> </u>	
Travel & Entertainment		·
Repairs and Maintenance		
Supplies		
Charitable Contributions/Gifts	. \	
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)	*************************	
Total Business Disbursements		
CASH - End of Month (Must equal reconciled bank statement -	ar i maga ng ikung ar ng ipaggaran ni ipang ang panggaran ni ipang a	
Attachment No. 2)		The state of the s

ATTACHMENT NO. 1

ننب	QUESTIONVAIRE	<u> </u>	
.*		YES*	NO
1.	Have any assets been sold or transferred outside the normal course of business during this reporting period?		
2.	Have any funds been disbursed from any account other than a debtor in possession account?		
3.	Are any post-petition receivables (accounts, notes, or loans) due from any relatives, insiders, or related party?		
4.	Have any payments been made on pro-petition liabilities this reporting period?		
5.	Have any post-petition loans been received by the debtor from any party?		
6.	Arc any post-petition payroll taxes past due?		-+
7.	Are any post-polition state or federal income taxes past due?	l	\neg
8.	Are any post-potition state or local gales taxes past due?		
9.	Are any post-petition real estate taxes past due?		\dashv
10.	Are any amounts owed to post-polition creditors/vondors delinquent?	 	_
]] .	Are any wage payments past due?	 	}

	INSURANCE INFORMATION					
			YJS	1	NC)* ÷
T.	Are real and personal property, vehicle/auto, general liability, fire, theft, worker's	٣٦	7	1		
L_	compensation, and other necessary insurance coverages in effect?	1 /	٨	-		į
2.	Are all premium payments current?		V	7		
L		ı	\wedge	- 1		

[&]quot;If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFTR	MATION OF INSU	RANCE		, ,
TYPE of POLICY and CARRIER		Period of Coverage	Payment Amount and Frequency	Delinquency Amount
·				1
Check have if United States Trustee has been listed a a Cortificate Holds				

		•	•		
		**	1	÷	
				e	
		•			

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATIONS

Bank Account Information	Acconst #1	Account #2	Account	Account #4
Name of Bank: Sun Paly			421	
Account Number:	The state is the state of the s			The second secon
Purpose of Account (Business/Personal)			/	Control of the last of the las
Type of Account (e.g. checking)	44	Anhon	/	
1. Balance per Bank Statement				
2. ADD: Deposits not credited (attach list to this report)	Militaria da discussiva substanti de persona esperante de proposione de la persona de la persona de la persona	=1 to 12 5 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	,	
3. SUBTRACT: Outstanding Checks (attach list)	NO - PARTINI II	9 * 59 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2 THE SALES & H. LANSIS AND STREET, SALES AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESSME	
4. Other Reconciling Items (attach list to this report)		1 1 24 4 4 11 12 12 12 12 12 12 12 12 12 12 12 12		*****
5. Month End Balance (Must Agree with Books)	·			,
TOTAL OF ALL ACCOUNTS		H 1 M & To and the second s		\$

Note: Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information Bank / Account Name / Number	Date of Purchase	Type of Instrument	Purchase Price	Current Value
***************************************	MININESTRAÇÃO DE SENSE AL SE SANCE ANTICOLOR DE ANTICOLOR DE ANTICOLOR DE ANTICOLOR DE ANTICOLOR DE ANTICOLOR D	-17 (OU E 18 MINISTER AND 18 (19 & 49)		
	MATERIA (SAN AND SAN A	e c ma-m to pro purelli di 100 di himbili 170 ponto della lla		
70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		71 P. S. D. P. P. P. S. W. W. S. D. S. C. L.		

Note: Attach a copy of each investment account statement.

ATTACHMENT NO. 3A

			CASH D	ISBURSEME	NTS DETAILS - HOUSEHOLD	-
Name of	Rank				k para pang akun a mangan minaklahiga a filikat sa 300 singgan sa kang mangan mangan kalang ng ganan kanan gang Mangang kanan mangan kanan mangan kanan mangan kanan mangan kanan ng ganan kanan ng ganan kanan mangan kanan m	
Account	Number					
Purpose	of Accoun	is (Persons	dy :			
Type of A	ecount-	n Check	net.			
iypeorr	######################################	- VIIII			ر کی در	
Check	Date of				**************************************	
Number	Check		Pave	e	Purpose or Description	Amount
	****				t tripose of Description	Amoun
						
						
						
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	·				TOTAL	d.
	in a full state of the last of the	-		ing and the state of the second second second	TOTAL	<u> </u>
If any check holding che	ks written ti eck and ant	nis period ha cipated deliv	ve not been dery date of c	heck.	payee, provide details, including the payee, amount, exp	
		·				

ATTACHMENT NO. 3B

CASH DISBURSEMENTS DETAILS - BUSINESS

Name of	Bank (t.(Business) g.,Checking)		
Account	Number			
Purpose	of Accoun	k/Business)	OPERATING	
Type of A	ccount (e	d Checking)	OPERATING.	
-100.0		31 ALCONOLOGY		
Check	Date of	THE PERSON NAMED IN COLUMN 2 I	A SANSANINA SINANINA SANSANINA SINSINININININININININININININININININI	
Number	Check		Purpose or Description	
14417001	O11001	rayeo	Purpose or Description	Amount

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			TOTAL	
any check olding chec	s written thi ok and entic	s period have not been delivered to the paye ipated delivery date of check.	ee, provide details, including the payee, amount, explana	tion for
<u></u>				

ATTACHMENT NO. 3C

CASH DISBURSEMENTS DETAILS - BUSINESS

Name of E	3ank				
Account	vumber .		## \$ 1.00 min 16		
Purpose	of Accord	It (Business) g., Checking)	NES DANIEL V. MINISTERNO I PARA DE ARTONIA, MANS DESCRIPTOR MANS AND MANDE MANDE AND		
Time of A	ccount /a	n Chanling To	ALO MARTIN IN MININTERNA AND RESIDENCE AND RECOGNIZACIÓN DE SERVICION MARTIN IN MINISTERNA DE SERVICIO	Í	
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Check Number	Date of Check	Payee	Purpose or Description	Ampunt	
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			TOTAL		
			TOTAL	\$	
If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.					
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